

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100
 TDD (916) 322-1700
 Telephone (916) 322-3350
 www.rn.ca.gov



APPLICATION FOR NURSE ANESTHETIST (NA) CERTIFICATION
APPLICATION FEE - \$75.00

A. PERSONAL DATA (Please print or type):

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address of Record: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	Social Security Number (Mandatory):
Telephone Number: Home () Work ()	Mother's Maiden Name:

B. RN LICENSURE/NURSE ANESTHETIST CERTIFICATION:

California RN License Number:	Date Issued:	Expiration Date:
List ALL States Where You Hold/Held an RN License and Status:	List ALL States Where You Hold/Held a Nurse Anesthetist License/Certificate and Status:	
Original State of RN Licensure:		
RN License Number:	Date Issued:	Expiration Date:
Original State of Nurse Anesthetist Certification:		
Nurse Anesthetist Certificate Number:	Date Issued:	Expiration Date:

C. RN EDUCATION:

Name of Professional Registered Nursing Program:	Location: (City) (State or Country)
Type of RN Program: <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN	Entrance Date: Graduation/Completion Date:

D. NURSE ANESTHESIA EDUCATION:

Name of Nurse Anesthesia Academic Program:	Location: (City) (State or Country)
Type of Nurse Anesthesia Academic Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	Entrance Date: Graduation/Completion Date:

E. NURSE ANESTHETIST PROFESSIONAL CERTIFICATION:

Name of Organization/Association:	Original Date of Certification:
Certification Number:	Current Renewal/Recertification Cycle Dates:
Method of Certification: <input type="checkbox"/> Examination <input type="checkbox"/> Other (Please Explain)	

F. BACKGROUND INFORMATION:

I. Have you ever applied for a Nurse Anesthetist certificate in California? If yes: Name at Time of Application: _____ Date Submitted: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Have you ever been issued a Nurse Anesthetist certificate in California? If yes: STOP. DO NOT CONTINUE. Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Anesthetist certification.	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Have you ever been convicted of ANY offense other than minor traffic violations? If yes, please explain fully as described in the General Instructions - Section IV. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. YOU MUST INCLUDE MISDEMEANORS AS WELL AS FELONY CONVICTIONS.	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Have you ever had a health-care related license/certificate to practice nursing revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions - Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>
V. Have you ever had a professional or vocational license/certificate to practice revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions - Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California Nurse Anesthetist certificate is issued. I am also required to report to the California Board of Registered Nursing **ANY** disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date the California Nurse Anesthetist certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for Nurse Anesthetist certification is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure/certification or licensure/certification revocation in California.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTE:

**PLEASE TAPE A
RECENT 2" x 2"
PASSPORT SIZE
PHOTOGRAPH**